

Envoy Medical Systems, LP  
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Austin, TX 78727

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IRO Certificate #

DATE OF REVIEW: 11/16/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE  
Bilateral L3-L5 Medial Branch Block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION  
Physician Board Certified in Anesthesiology and Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<b>Upheld</b>	<b>(Agree)</b>	<b><u>X</u></b>
Overtaken	(Disagree)	
Partially Overtaken	(Agree in part/Disagree in part)	

PATIENT CLINICAL HISTORY SUMMARY

This male sustained a work related injury. He was swinging a sledge hammer and sustained a twisting injury. The diagnosis is thoracic or lumbosacral neuritis or radiculitis. Treatments include physical therapy, 9 sessions, a lumbar epidural steroid injection 11/12/14, a lateral L4-L5 disectomy on 4/01/15. Diagnosis 722.10 - 724.2 displacement of lumbar intervertebral disc without myelopathy, lumbago.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

**Opinion: I agree with the benefit company's decision to deny the requested service.**

**Rationale:**

Previous reviewers opined that there is persistent lumbar radiculopathy based on an abnormal electrodiagnostic study, persistent far left posterior disc bulge/protrusion with fibrosis and granulation tissue contacting and deflecting the intraforaminal and already exited L4 nerve root. There is also a far left posterior L3-4 herniation deflecting the exit at left L3 nerve root. The office notes low back and left anterior leg pain, burning hypersensation and weakness. Physical examination revealed decreased sensation in left L4 dermatome and weakness on heel walking. Straight leg raise test was positive. I agree with previous reviewers that there is persistent radicular symptomatology. ODG require a lack of radiculitis in ongoing recent active treatment. There is no documentation of recent active treatment and radicular symptoms persist. Evidence based guidelines do not support the requested bilateral L3-L5 medial branch block.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)